

The following information is required for the purpose of the research project. Please provide the information requested in the spaces provided.

1. Name of the research project: [REDACTED]

2. Name of the researcher: [REDACTED]

3. Name of the institution: [REDACTED]

4. Address of the institution: [REDACTED]

5. City: [REDACTED]

6. State: [REDACTED]

7. Zip: [REDACTED]

8. Phone: [REDACTED]

9. Fax: [REDACTED]

10. E-mail: [REDACTED]

11. Date of completion: [REDACTED]

12. Signature of the researcher: [REDACTED]

13. Signature of the institution: [REDACTED]

14. Date of completion: [REDACTED]

15. Signature of the researcher: [REDACTED]

16. Signature of the institution: [REDACTED]

17. Date of completion: [REDACTED]

18. Signature of the researcher: [REDACTED]

19. Signature of the institution: [REDACTED]

20. Date of completion: [REDACTED]

21. Signature of the researcher: [REDACTED]

22. Signature of the institution: [REDACTED]

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91. Signature of the institution: [REDACTED]

92. Date of completion: [REDACTED]

93. Signature of the researcher: [REDACTED]

94. Signature of the institution:

Ms. Arti Singh

1771

[illegible]

| INTERFERENCE SEARCHED | | | |
|-----------------------|----------|------|----------|
| Class | Subclass | Date | Examiner |
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[illegible]